



## Certificate of Express Mailing

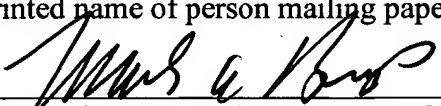
"Express Mail" Mailing Label Number: EV708630956US  
Date of Deposit: 12/20/2005  
Ref: Case Docket No.: P690CIP1  
First Named Inventor: Harry Glorikian  
Serial Number: 09/502,407  
Filing Date: 02/10/2000  
Title of Case: Internet System for Connecting Client-Travelers with Geographically-Associated Data

I hereby certify that the attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and addressed to the Commissioner of Patents and Trademarks, Alexandria, VA 22313-1450

1. Response D.
2. Amendment transmittal.
3. Duplicate Amendment transmittal.
4. Petition For Extension of Time
5. Terminal Disclaimer.
6. Check for fees in the amount of \$125.00 (65/Term. Disc.;60/Ext.).
7. Certificate of express mailing.
8. Postcard listing contents.

Mark A. Boys

(Typed or printed name of person mailing paper or fee)

  
(Signature of person mailing papers or fee)

12-22-05

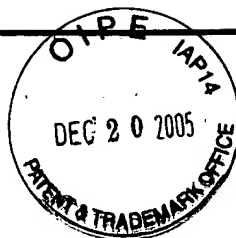
2145/4  
T/20

Method of Transmission: EV708630956US

CASE DOCKET NO. P690CIP1

In reference to application of Harry Glorikian

Serial No. 09/502,407



For Internet System for Connecting Client-Travelers with Geographically-Associated Data

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☐ No additional fee is required.
- ☒ Applicant claims Small entity status under 37 CFR 1.27.
- ☒ The fee has been calculated as shown below.

## \*\*\*\* CLAIMS AS AMENDED \*\*\*\*

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Claims Remaining After Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee
Total Claims	3	Minus	** 20	0	\$ 25	\$ 50	\$ 0.00
Indep Claims	2	Minus	*** 3	0	\$ 100	\$ 200	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input checked="" type="checkbox"/> 1st Month	<input type="checkbox"/> 2nd Month	<input type="checkbox"/> 3rd Month				
Total additional for claims, time extensions and disclaimer fees							\$ 60.00

\*\* If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

\*\*\* If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

\*\*\*\* Multiple dependencies, if any, included in the above calculation.

\* If the entry in column 2 is less than the entry in column 4, write "O" in column 5.

☒ A check in the amount of 60.00 is attached.☐ Charge \$ 0.00 to deposit account 50-0534 . (A duplicate of this sheet is enclosed)☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534 . A duplicate of this sheet is enclosed.Respectfully Submitted, /Donald R. Boys/Donald R. Boys  
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